SCHEDULE B (FEC Form 3X)

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ITEMIZI	ED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22	2 >	23 28b	24 280	<u> </u>	25 29	ш.	26 30b	
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\	O HEALTH SOLUTIONS INC. POL	ITICAL ACTION COMMITT	ГЕЕ	(a.k.a.	Medc	o Hea	alth PA	C)					
•	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH					Transaction ID: EXP:B:31664 Date of Disbursement							
	Mailing Address POST OFFICE BOX 1940					3 M		9 /	Y Y Y	0 ŏ 7	Υ		
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	Candidate Name PHILIP S ENGLISH												
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_	PICKERING FOR CONGRESS				Da	Transaction ID: EXP:B:31660 Date of Disbursement							
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City BRANI	DON	State Zip Code MS 39047					of Each	Disburs				7	
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	Candidate Name CHARLES PICKERING												
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City JANES	SVILLE	State Zip Code WI 53547			An	nount	of Each	Disburs	emen	t this P	eriod	_	
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	Candidate Name PAUL D. RYAN			egory/ /pe									
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